## L23 0000 86180



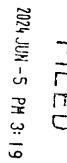
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Articles of	of Amendment for Zapio	lla LLC DBA Dakota Dev	relopers
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Alan Rodriguez		
		Name of Person	
	Zapiolla LLC DBA Da	akota Developers	
		Firm/Company	
	1710 N 45th Ave		_
		Address	
	Hollywood, FL 3302	1	
		City/State and Zip Code	
	taten210@gmail.com	o be used for future annual report no	otification)
For further information c	concerning this matter, please ca		
Alan Rodriguez		754 286-924	12
Name o	of Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for t			<b>—</b> 6/0 00 <b>5</b> /1
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	cc·	Street_Address:	
Registration	Section	Registration S	
Division of C P.O. Box 633		Division of C The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zapiolla LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records Liability Company)	<u>i.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000086130</u> .	were filed on 02/16/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
		5 5 TT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	<u></u> ,	
	Enter Florida street addres.	S
	<del> </del>	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Facundo Rodriguez	1710 N 45th Ave, Hollywood, FL 33021	<b>⊠</b> Add
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fective date, if other than the an effective date is listed, the date muote: If the date inserted in this becument's effective date on the f	st be specific and cannot be lock does not meet the ap	plicable statutory	or more than 90 days after t filing requirements, this	iling.) Pursuant to 605.0207
ecord specifies a delayed effecti is filed.	ve date, but not an effecti	ve time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
May 29	. 2024			
Slady,		authorized represent		

Filing Fee: \$25.00